

# GOVERNOR'S OFFICE OF CONSUMER PROTECTION

## Application for Buying Service License

**Instructions:** Please complete this application and return it with the required fee to:

**Governor's Office of Consumer Protection  
2 Martin Luther King, Jr. Drive SE, Suite 356  
Atlanta, Georgia 30334-4600**

*The fee for a license or renewal is \$50.00, payable to the State of Georgia. The license is issued for a period of one year and shall be renewable within 90 days preceding the expiration date.*

Company name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address, if different from above: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other company names used: \_\_\_\_\_

Is firm a subsidiary of another firm? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and complete address: \_\_\_\_\_

Type of ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

List name(s) of owner, partners or corporate officers (President, Vice President,  
Secretary, Treasurer etc.)

NAME

TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Georgia sales tax number: \_\_\_\_\_

Applicant's title: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For use by Governor's Office of Consumer Protection only:*

*Business Name:* \_\_\_\_\_

*License no.:* \_\_\_\_\_ *Date issued:* \_\_\_\_\_

*Paid for by:* \_\_\_\_\_ *Check or money order #:* \_\_\_\_\_